2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 29, 2008 8:00 am Secretary of State

1. Entity Name OPHTHALMIC IMAGING SYSTEMS CO.						07-29-2008	90010 0	03 ***150	0.00
Principal Place of Business 221 LATHROP WAY, STE I SACRAMENTO, CA 95815		Mailing Address 221 LATHROP WAY, STE I SACRAMENTO, CA 95815							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07082008	Chg-P		34 (12/06)	
City & State		City & State			4. FEI Numbe	t -		Ar	oplied For
Zip Country		Zip	Zip Country		94-3035	5367 of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>	Ĭ		Address of New F		Fee Require	d
FOTOS C				Name				<u></u>	
FOTOS, CHRIS 2862 S.E. CALVIN STREET PORT LUCIE. FL 94952				Street Addre	ess (P.O. Box Numbe	r is Not Acceptable	e)		
PORTEO	JIC, 1 C 94332							1	
				City			FL	Zip Cod	6
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s register	ed office or reg	gistered agent, or boll	h, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NO	TE: Registere	ed Agent signature re	equired when reinstating)		DATE	****	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Trust Fund Contribu									
					\$5.00 May Be Added to Fees	In accordance corporation did			
	ue by September 12, 2008 OFFICERS AND	Trust Fund Con			Added to Fees		not receiv	e the prior i	notice. S IN 11
D	ue by September 12, 2008	Trust Fund Con	tribution.	E	Added to Fees	corporation did	not receiv	e the prior i	notice.
10.	OFFICERS AND	Trust Fund Con	11.	E	Added to Fees	corporation did	not receiv	D DIRECTOR	notice. S IN 11
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, who all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

916-646-3020